## **UNIFORM CREDIT UNION APPLICATION**

(Check one or more appropriate boxes)

|              | Establish | Relocate | Close |  |
|--------------|-----------|----------|-------|--|
| Branch       |           |          |       |  |
| ATM Facility |           |          |       |  |

Brand ATM Facili

| APPLICANT INFORMATION   | )N:                          |                         |                         |               |
|---|------------------------------|-------------------------|-------------------------|---------------|
| Name:   |                              |                         |                         |               |
| Address:  |                              |                         |                         |               |
| City:   |                              | State:                  | Zip:                    |               |
| Contact Person:   |                              |                         |                         |               |
| Address:  |                              |                         |                         |               |
| City:   | State:                       | Zip:                    |                         |               |
| LOCATION:   |                              |                         |                         |               |
| Official Name of Office:  |                              |                         |                         |               |
| Trade Name of Office:   |                              |                         |                         |               |
| Proposed Address:   |                              |                         |                         |               |
| City  | County:                      | State:                  | Zip:                    |               |
| Address of Office to be Closed:   |                              |                         |                         |               |
| City:   | _ County:                    | State:                  | Zip:                    |               |
| Proposed Effective Date:  |                              |                         |                         |               |
| APPLICATION DETAILS (   | not required for no          | tice of ATM fac         | ilities):               |               |
| Briefly describe the services to  | <u>-</u>                     |                         | •                       | which will no |
| longer be provided.   | •                            |                         | -                       |               |
| <ol><li>Provide details regarding any<br/>shareholder, or their interests,<br/>leasing of property, and const</li></ol> | , including any financial a  |                         |                         |               |
| <ol> <li>Provide a brief statement as to<br/>and advantage, or not have a</li> </ol>                                    | o why the subject of the p   |                         |                         | convenience   |
| 4. If there is any requirement to public notification through new such notification.                                    | provide prior notification t | to the credit union's c | ustomers, or to provide |               |
| 5. State the reasons for closing t  |                              |                         |                         |               |
| <ol><li>If the credit union's last CRA r<br/>subject of this application will<br/>deficiencies.</li></ol>               |                              |                         |                         |               |
| <ol> <li>If enacted, will the subject of t<br/>which may have historic or cu</li> </ol>                                 |                              | ne demolition or signif | icant alteration of any | structure     |
| 8. Does the proposed branch co  | mply with local zoning or    | dinances?               |                         |               |
| Officer's Signature:  |                              | Date:                   |                         |               |
| Print Name :  |                              |                         |                         |               |
|   |                              |                         |                         |               |

## **Uniform Application Instructions**

#### I. GENERAL INFORMATION

Provision of the information in this application will meet the normal regulatory and statutory requirements. In that minority of cases where additional information is required, the applicant will receive a separate request for additional information to supplement the application. All credit unions should refer to Regulatory Bulletin 2.1-104 for details on additional information that may be required, as well as fee information.

In addition, a fee payable to the "Division of Banks" must be submitted at the time of filing the application. The fees are \$500 to establish a branch, \$250 to relocate a branch (including the main office) or close a branch, and \$100 to redesignate the main office.

For credit unions that intend to establish a branch, please refer to Regulatory Bulletin 2.1-104 to determine whether a notice or application is required.

#### II. FILING INSTRUCTIONS

File one copy of this application with the Division addressed to the Commissioner of Banks, 1000 Washington Street, 10<sup>th</sup> Floor, Boston, MA 02118.

#### III. TYPE OF APPLICATION

Check whether this filing represents an application for establishment, closing, or relocation. If the credit union intends to operate an Automated Teller Machine (ATM) at the location, you may submit either a notice or the Uniform Application. In addition, please submit the following information within 30 days after opening an ATM location: whether or not the ATM will impose a surcharge; the amount of the surcharge (if applicable); the terminal identification number; and the date that the ATM began operations.

### IV. APPLICANT INFORMATION

A. Name and Address: Credit union's full name and headquarters office address.

B. Contact Person Provide the name and address of the individual assigned to

handle any inquiries or requests concerning this application.

C. Official Name/Trade Name: Provide the official name and the trade name, as applicable,

for the proposed office.

D. Proposed Location: Provide the complete street address of the location where

the credit union wishes to establish or relocate a new

physical facility.

E. Address of Office to be

Closed:

If the application involves the closing or relocation of an

existing facility, provide the address of the location where

the business will be closed.

F. Proposed Effective Date:

Indicate the date the credit union wishes the change to be effective. A subsequent notice of when the change actually took place may be required.

# ANSWERS TO THE FOLLOWING QUESTIONS SHOULD BE PROVIDED IN LETTER FORM, AND ATTACHED TO THE APPLICATION COVER SHEET.

#### V. APPLICATION DETAILS

- 1. Provide a brief description of the services to be offered at the location, such as "full service branch", "trust services" or "mortgage loan origination." It is not necessary to provide a complete laundry list of proposed activities, just the principal purpose of the office.
- 2. If the proposed transaction involves an officer, director, or their interests, please provide details concerning any financial arrangements relating to fees, the acquisition of property, leasing of property, and construction contracts.
- 3. Provide an affirmative statement as to why the proposed transaction meets relevant standards for public convenience and advantage. Brief comments such as "will be adding new services" or "new competitor to the area" will generally be sufficient. In cases where the public benefit from the transaction becomes more problematic, greater detail of the perceived benefits will be required.
- 4. The Division has requirements for public notification of the relocation, and particularly the closing, of any branch office. In response to this question, please provide information concerning what public notification steps have been undertaken or contemplated, including a copy of any required notice through newspaper publication with an indication of the date and place of such notification. Responses will be evaluated in relation to statutory requirements. Some relocations may be considered branch closures and subject to the customer notice requirement of 90 days specified in the "FFIEC Policy Statement Concerning Branch Closing Policies," issued in September 1993. See Regulatory Bulletin 2.1-104 for language regarding required newspaper publications.
- 5. The Division requires information regarding the reason why a credit union is closing a branch. Please state the specific reason(s) for closing the branch and provide statistical or other information in support of such reasons consistent with the credit union's written policy for branch closures.
- 6. The Division is required to consider the credit union's compliance with the Community Reinvestment Act (CRA) before approving new branch offices. If the credit union's most recent CRA evaluation was not at least satisfactory, provide detailed justification as to why the deficiencies in the credit union's CRA compliance should not preclude approval of the branch application. Where the credit union's most recent CRA evaluation was "Needs to Improve" or worse, consult with the Division before filing an application for a branch office.
- 7. Credit unions should provide documentation as to whether the branch will be in a location that is included in or eligible for inclusion in the National Register of Historic Places.

8. Please provide an affirmative statement that the establishment of the proposed branch office will be in compliance with any relevant local zoning ordinance. Also briefly indicate the effect upon local traffic patterns.

For additional information on the application process, contact the Division of Banks before filing an application.